

INFUSION

The Tasmanian nursing magazine for ANF Members

Midwifery a Labour of Love

also in this issue:
Public Sector EBA
Member Satisfaction Survey Results
New Member Benefit

2010
SEPTEMBER



Branch Council Elections

AT THE TIME OF PRINT, TWO MAJOR ISSUES ARE PENDING. THE OUTCOME OF THE FEDERAL ELECTION WILL BE KNOWN AND ANF FEDERAL COUNCIL IS MEETING IMMEDIATELY FOLLOWING THE ELECTION TO DEVELOP RELEVANT STRATEGY, PARTICULARLY IN RELATION TO AGED CARE.

The ANF submission to the Aged Care productivity commission is available on the ANF website – www.anf.org.au. The full bench appeal in relation to the public sector public holiday decision in the Tasmanian Industrial Commission is currently being heard and we are awaiting a decision to be handed down over the coming months.

ANF (Tasmanian Branch) will be holding Branch elections for the Executive and Branch Council positions through the Australian Electoral Commission in the near future.

There are 14 Branch Council positions, 4 Executive, President and Vice President positions. It is important to enable all nurse members to be truly represented, and therefore Council is comprised of members from a range of nursing areas with nurses from aged care, the private sector and various sectors within the public system. This group diversity is required to ensure all professional and industrial issues are addressed in the wide range of settings where nurses work.

Councillors debate issues and bring views from their membership within the respective sectors to ensure ANF has a membership directed position on all aspects of nursing. Currently Branch Council is debating the issues of National Health Reform and the preferred governance option for the local health networks, a new career structure framework and options in the new public sector Enterprise Bargaining Agreement. At times a group of nurses from Council may be asked to participate in a group discussion with key stakeholders in the



health system: these sessions have been valuable in getting the voice of nursing heard.

It is rewarding to be part of a team of active, passionate nurses and debate the critical issues facing nursing in Tasmania. Your nomination would be welcomed and the term is for a two year period. Nurses working in the Public Sector enjoy paid time for the meetings and time is negotiated for private sector nurses. Further information is available by contacting the ANF Office.

The role of a Branch Councillor is an exciting, challenging role which enables you to be part of the policy making body of the ANF Tasmanian Branch, and to drive the nursing agenda forward.

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Infusion is the official publication of ANF Tas Branch. Letters and articles are welcome. Advertising rates available on request. Publishing deadline is 1st of each month prior to publication.

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Royal Hobart Hospital

RHH Executive Structure

The CEO has engaged an external consultant to review the current RHH executive structure. When the structure was implemented in 2008, ANF wrote to the Health Minister identifying concerns.

Patient Alert Bands

ANF remains in correspondence with management in regards to this issue. ANF has continued to put forward all concerns to management, but at this point the bands have not been re-instated.

ANF has been advised by management that there has been an increase in the compliance of notifying allergies to PIMS to allow for alerts to be recorded in the Patient Administration System.

They have also advised that an awareness campaign has been developed for staff and will roll out over August. This campaign is to include foyer displays, a presentation at the staff forum and fact sheets. ANF's advice to members of an independent review in August is yet to begin at time of writing.

Hospital Assistant (HA) Trial

ANF has been advised that there have been some HAs employed at the RHH who are now undertaking some nursing duties. The Statement of Duties for the HA includes to 'assist with aspects of daily living when required under the direct supervision of a nurse'. This is of concern to the ANF due to the confusion about the title of the role being confused with Hospital Aide (also HA) and also that the role does not fall under the nursing structure. ANF will be meeting with management to discuss the trial and role of the Hospital Assistant.

2B (includes MAPU & Stroke Unit)

On behalf of members ANF lodged a NHpPD Grievance on 21 July 2010. It was requested that the Grievance be progressed to Step 2 due to the issues having been initially raised with management in May 2010.

A Specialist Panel met on Wednesday 28 July 2010 and the recommendations will include specifically;



RHH Ward 2B - Aleisha Clarke, Ingrid Cox, Mary Ellen Alexander, Judy Voute, Jo Whelan, Deidre Broadby, Bronwyn Mandic

1. That the RHH would apply its best efforts to try and conclude the NHpPD benchmarking and review of the MAPU by end October 2010,
2. Until a review of current NHpPD benchmark is undertaken, regular meetings between nursing management and Union representatives are to take place to review the current nursing staff allocation to ensure it adequately meets ongoing patient care needs and staff workload.

Nephrology South

The first week of the trial of a twilight shift did not go well with unplanned absences being identified as the major cause of problems. Members have advised ANF that staff are working overtime and having shifts changed at short notice to accommodate the new roster. ANF has requested that the agreed trial evaluation committee be set up as a matter of urgency and a meeting with management is scheduled to progress this.

Mental Health Sector

Community Mental Health

The sub-group reviewing recruitment and retention have identified the following 5 key areas; inequities

in remuneration and conditions, problematic recruitment processes, inadequate nursing skill-mix, lack of career structure and safe working environment.

At the end of the process recommendations will go to the Executive and they will also include any recommendations where there may not be consensus from all members of the committee. At the time of writing a meeting is scheduled for August.

Australian Red Cross Blood Service (ARCBS)

Discussions have been held with ARCBS Management to commence trial of Donor Services Nursing Assistant (DSNA) in Tasmania. Hobart has been identified as the area where more staff are needed and DSNA could be trialled. A meeting has been scheduled with ANF members to discuss trial and process. ■



Mental Health Reps - Joanne Triffitt, Ros Gorrie and Anthony Aylward

ANF ORGANISER VISITS TO ST MARYS HEALTH CARE CENTRE AND ST HELENS DISTRICT HOSPITAL AGAIN HIGHLIGHTED THE SPECIAL ATTRIBUTES WHICH NURSES IN RURAL AND REMOTE SETTINGS HAVE, BUT ALSO THE SPECIFIC CHALLENGES THAT ARE FACED ON A DAILY BASIS BY THESE VALUABLE MEMBERS OF TASMANIA'S HEALTH CARE TEAM.

One challenge in these areas is that rural and remote nurses require the knowledge and skills that ensure competent management of patients with acute medical or traumatic presentations. However, the unpredictable nature of emergencies means that exposure to these skills can be sporadic. Access to education and currency of practice are both made more difficult by the physical challenges of living outside the metropolitan areas. The ANF Education Centre will be an exciting addition to the educational resources that rural areas can access, looking into the feasibility of providing sessions via videoconferencing.

The role of the Enrolled Nurse in relation to IV therapy management has proven to be a challenge in the St Marys and St Helens settings for several reasons. Enrolled Nurses in Tasmania are expected to have completed the IV module to



St Helens District Hospital - Denise McCallister (DON), Janette Cumming (NUM), Sharon Matthews, Gertrude Mukweho and Alice Bertram

be involved in managing IV therapy in the clinical settings. However access to these sessions are at the present time proving difficult. With staffing levels often meaning that one RN and one EN are in a facility it is imperative that nurses remain within their scope of practice, that there is clarity in roles within the Nursing Team, and that funding for access to education that is required by nursing staff to perform their duties is provided.

Calvary Health Care Tasmania (CHCT) Northern Campus members endorsed the Log of Claims (LOC) for their Enterprise

Agreement in July. Members reported difficulties in attending endorsement meetings due to workloads. However, not to be deterred by this challenge, ANF responded by sending copies of the LOC out to members via email and post for comment. It was fantastic to see members becoming active in the workplace, especially in both ORS to discuss the LOC and ensure that it reflected the needs of the members at CHCT. Increasing membership at both campuses reflects the rising profile of ANF and the importance of being part of a collective in negotiating wages and conditions. ■



North-West News

THE DEDICATED AND STRONG GROUP OF ANF REPS IN THE NW

HAVE COMMENCED MEETINGS ACROSS THE NWAHS VIA DHHS VIDEOCONFERENCE, THE 2ND FRIDAY OF EACH MONTH FROM 2-3 PM.

We are currently trying to think of a corporate name for our initials NW. Feedback on the EBA Log of Claims and National Registration requirements have been heavy on the agenda. The culture and the efforts of the NW and WC Reps have been and still are pivotal in keeping the troops in their system going, always with a laugh and sense of comradeship.

The hard working, devoted staff in aged care are readying themselves for the next charge over the hill in the



ANF Organiser, Adele Kear with NWRH Mersey Reps - Rebekah Edwards, Helen West and Lyn Johnson

Because We Care campaign. ANF is under no illusion that this will be a battle to rival the Federal election. The taxing workloads experienced by all who work in this sector, the declining number of nurses in this sector and increased nurse

to resident ratios resinsates for increased funding for the right mix of workforce skill in order to create a high-class residential aged care system that our elderly deserve. We will be the residents of aged care one day. ■

Public Sector IBB Discussions



AS YOU ARE AWARE THE IBB MEETINGS HAVE COMMENCED. IN THE INTERESTS OF ENSURING TRANSPARENCY IN THE PROCESS, UPDATES HAVE BEEN CIRCULATED UNDER THE NAMES OF ALL PARTIES (ANF, HACSU AND DHHS).

However ANF does understand that nurses may be finding this information less than illuminating!! It is also likely that nurses are finding the 'information' to be a little frustrating as it lacks any detail or solid advice. But unfortunately this is the nature of the IBB process where all matters will remain tentative until an agreement starts to take shape.

To date the parties have met on three occasions. The shortest meeting has been for two days. In the past, although some attention to smaller issues has been possible at times, issues of importance for small groups of nurses have not been explored as the main bulk of the workforce is found within the acute hospital setting and, as negotiations then stalled, an agreement based on this group of workers was more likely to be struck.

During the discussions it has been possible to raise a wide range of matters. Of course the IBB process is not a panacea and as a consequence not all issues will be able to be resolved during this EBA negotiation. However it is hoped that the process of IBB will also encourage the parties to actively consult on future issues and perhaps deal with problems as they arise.

In between meetings further work is also occurring with additional

information being sought, and circulated, in order to help shape discussions and make decisions.

It may well appear to those on the outside looking in, that the process is simply a talkfest. While plenty of talking has occurred much of it has been constructive. It has been extremely valuable for senior management (non-clinicians) to hear some of the concerns and issues that working nurses have.

While we are still a long way from reaching any constructive agreement a number of issues are being tentatively explored. One matter that is being actively discussed is the question of a new career structure for Tasmanian nurses and it is intended that a new career structure will be generated through this process.

At the end of the process a document outlining the 'in principle' (that is the document remains subject to member acceptance) agreement reached will be made available to all members for them to review, consider and vote upon the offer.

ANF Members have been well represented by Julie Driver (RHH), Lee Wallace (LGH), Anneke Davies (TCU) and Sue Robertson (NWRH) all of whom have been able to put a nursing face onto various issues. In addition Ros Gorrie (Mental Health) also participates in the discussion when input from Mental Health is required. ■

nursing
the heart of healthcare 

Women's and Children's Network

THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) THROUGH ITS ONGOING SUPPORT OF THE TASMANIAN CLINICAL ADVISORY COUNCIL (TCAC) IS COMMITTED TO SUPPORTING AN ENVIRONMENT OF CLINICAL ENGAGEMENT BY DEVELOPING A COMPREHENSIVE SET OF CLINICAL NETWORKS.

Clinical networks provide an opportunity

- to harness the knowledge and experience of clinicians and consumers
- to exchange information, advice and opinion
- to discuss issues that will assist in planning a responsive and effective health service

Networks have a broad based membership that may include health professionals from a variety of backgrounds and work settings including non government organisations, service users including family, community members and academics.

Each Network will have a Clinical Leader(s) endorsed by the Chief Health Officer and approved by the Department Secretary. Clinical Leaders will be included in the membership of the TCAC.

With a number of Clinical Networks established across the Department, planning for the newest network, the Women's and Children's Clinical Network, is well underway. An Implementation Committee has met to review how the Clinical Network might function with a view to its establishment by the end of October 2010. The Implementation Committee has a diverse membership that represents all areas of the state, many professional disciplines and areas of interest as well as both public and private sectors.

This is a brief overview so for more information about the Women's and Children's Network, please contact Denise Walshe at denise.walshe@dhhs.tas.gov.au or Francine Douce at francine.douce@dhhs.tas.gov.au ■

Direct Entry Midwifery

Emily Smee
Registered Midwife undertaking graduate program, RHH

TRAINING: BACHELOR OF MIDWIFERY (DIRECT-ENTRY) FLINDERS UNIVERSITY SOUTH AUSTRALIA 2010

What is this?

The direct-entry Bachelor of Midwifery is a three year degree program where upon completion graduates have fulfilled all requirements in order to gain registration. Participants do not have to have studied nursing as a pre-requisite. This degree, first offered in 2001 has rapidly grown in popularity with a number of universities now offering this Bachelor program. Direct-entry has been around for much longer in the UK and New Zealand.

Course work: The first year was structured similarly to a nursing degree; anatomy and physiology, effective communication, basic care giving and critical evaluation. We gained a good novice understanding of conditions such as diabetes, hypertension, kidney disease, infection, drug addiction, depression and obesity. Our second and third year focused on midwifery practice, covering both the normal and complex aspects of pregnancy and birth. We completed subjects including Babies at Risk, Family Dynamics, Maternal and Infant Nutrition, Clinical Pharmacology and Complexities of Pregnancy and Birth. During our three years we were also required to engage with 30 women and their families through a process known as the 'follow through experience'. We were required to independently recruit women and then attend their antenatal appointments, be on-call and assist during their labour and birth and provide postnatal support for up to six weeks.

Practicum: During our first year we undertook placements on general wards and in nursing homes. By second year we were able to move into maternity settings, where we worked across all areas of midwifery including antenatal clinic, antenatal/gynae, labour, neonatal nursery, postnatal and domiciliary care. For my final placement I had the opportunity to travel to East Timor, where I undertook a two week practicum caring for women living in remote hillside villages. This was an absolute highlight of my degree as it not only gave me the opportunity to consolidate much of my learning but also gain first hand experience of midwifery practice in a developing country. I had lots of opportunities, and even completed my fortieth vaginal birth.

On being a grad at the RHH?

For the most part it has been a very positive experience and I am now really enjoying working as a 'real' midwife! I have gained experience working with a diverse range of women. I have been the only grad on the unit, which has been both positive and negative. Sometimes I have missed not having someone around who is going through a similar experience.

What do you think about the opinion that you need to be a nurse before becoming a midwife?

Throughout much of history, midwifery has been practiced autonomously, as a stand alone profession. This changed during the early 20th century, when midwifery became assimilated into



Emily Smee

nursing practice and was thereafter considered a specialist branch of nursing. Midwifery is facing a time of great change now being recognised as an individual entity. I believe to be a good midwife you need to possess a host of important qualities such as compassion, empathy, a non-judgemental attitude, commitment, accountability, patience, flexibility, practicality and critical reasoning. Some people will develop these qualities through nursing whilst others will gain them through other life experiences.

Exposure to ANF

During our degree we had a special guest lecturer, Lee Thomas (now ANF Federal Secretary). I was impressed by the level of support the union offered members so I always planned to join upon graduating.

Future goals?

I'm eager to do a rotation in team care midwifery (KYM scheme). I am hoping to expand my practical skills by learning to cannulate and to suture. Longer goals include working overseas and definitely revisiting East Timor. ■



Becky French

Women Centred Approach to Pregnancy

ROYAL HOBART HOSPITAL MATERNITY NURSE UNIT MANAGER BECKY FRENCH AND HER TEAM HAVE RECEIVED A DHHS INNOVATIONS IN PRACTICE AWARD FOR 2010.

The project which they developed and implemented was to establish 3 satellite Midwifery clinics for normal risk women, to be situated in the outer Hobart area. These clinics were to be run by midwives providing antenatal care.

The project aimed to create a more 'women centred' approach for these women during their pregnancy. The team wanted to increase maternal satisfaction by providing quality, appropriate, safe, evidence based and accessible midwifery antenatal care. One of the objectives of the project was to recognise and support the differing needs and preferences of women in relation to pregnancy.

The project has helped to develop strong community relations during this time.

This project has not only been fantastic for the women, but also for the midwives involved. They have had the opportunity to develop and advance their strong leadership skills. The project officer role was undertaken by a midwife, and now the midwives from the clinic go out into the community setting and undertake antenatal clinics independently. This has promoted their education and the development of their autonomy.

The success of this program has been determined through an audit and client survey which has shown very favourable results.

Well done RHH Maternity Unit!! ■

North West Maternity Services Upgrade

MERSEY COMMUNITY HOSPITAL IS MAKING A NUMBER OF SERVICE IMPROVEMENTS, INCLUDING THE INTRODUCTION OF MIDWIFERY LED SERVICES AT THE HOSPITAL THAT SUPPORT CARE OF WOMEN BY THE SAME MIDWIFE DURING PREGNANCY, BIRTH AND THE POSTNATAL PERIOD.

Mersey's Maternity Unit will be refurbished to include a water birthing facility, new birthing suites and postnatal facilities with comfortable surroundings for women and their families.

Other service improvements include:

- A central triage system will be established to assess and direct all referrals for public patients. Based on the assessment, women will be referred to the closest hospital that can provide the level of care that will meet the needs of both the woman and her baby.
- Caseload midwifery service for women. Enterprise Bargaining Agreement negotiations are underway.
- Pregnancy records that will be held by the woman have been introduced so women have personal control over their medical information and reduce the need for duplication of records at different hospitals.
- Mersey Community Hospital's highly successful lactation service will be extended to support rural sites.

The service improvements are innovative, provide more choice for women and compliment the services that are currently provided in the North West.

These additional services will be an asset to the North West Area Health Service.

Mersey Community Hospital and North West Private Hospital are sharing each others strengths and working together to ensure women receive the same levels of care regardless of the hospital they attend.

Other maternity services in regional areas of Australia have been forced to close because they haven't dealt with the reality of the Australia-wide shortage of O&G specialists in a proactive way. Through these improvements we are

ensuring safe and high quality services across the coast long term.

The improvements stemmed from a review of North West Maternity Services conducted by long-tem North West Consultant Obstetrician Mike Saunders together with Director of Nursing and Midwifery Francine Douce.

"The number of people giving birth at Mersey was dropping and we found through extensive consultation that women were choosing to travel to Burnie, even if they lived in the Mersey catchment, because of a lack of choice of other care models as well as uncertainty about the future of Obstetric Services at Mersey.

"We plan to turn this trend around and bring women back to Mersey by re-birthing the service and upgrading the facilities. The refurbishment will create a more homely relaxed environment for women to give birth," Dr Saunders said.

"The central triage system will result in the repatriation of approximately 100 births a year to Mersey, with only a small number of Mersey patients moving to Burnie because of their level of complexity.

"There are also real benefits for women in working with a midwife on their journey through pregnancy and child birth, including providing women with more confidence about their body and the birth process, lower incidents of post natal depression, higher breast feeding rates, greater support in the transition to parenting and in many cases lower caesarean rates.

"Medical specialists will continue to be available on site at Mersey, but the reality is that midwives are highly qualified in their own right to care for a woman through pregnancy and birth. Midwifery led models exist in this way right around the country and indeed the world," Dr Saunders said. ■

North West Area Health Service



Jessica Halliday and Jackie Nicholls at the Breathing New Life into Maternity Care Conference

Breathing New Life into Maternity Care

WE WOULD BOTH LIKE TO FORMALLY THANK THE ANF FOR THE KIND CONTRIBUTION TOWARDS OUR ATTENDANCE AT THE BREATHING NEW LIFE INTO MATERNITY CARE CONFERENCE IN ALICE SPRINGS, 1-3 JULY.

This conference was collaboratively organised by the Australian College of Midwives, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Australian College of Rural and Remote Medicine. The focus of this conference was collaboration between professionals for the betterment of the women and babies who receive our care.

The latest Australian and International research was presented by key note speakers from many disciplines. Presentations that we found very relevant to our practice included the discussions and implications of the rising obesity rate in Australia, increases in caesarean section rates in Australia and the world and the associated increases in complications and closing the gap in health inequalities between aboriginal and non aboriginal women in Australia.

We both enjoyed hearing from remote midwives from Nunavik, Canada which is in northern Quebec where women who were once transferred to Montreal at 36 weeks could now deliver in their local community surrounded by their families and friends. They have very low intervention rates and safe outcomes for both women and babies. ■

Jackie Nicholls and Jessica Halliday
Maternity Unit, Royal Hobart Hospital

the beat

On the heart beat for September Current Challenges in Midwifery



Pateena Walker
RHH Maternity Unit

One challenge is the shorter length of time that women spend in hospital after giving birth. Midwives need to fit a lot of education for new mothers into a shorter timeframe, and that can be very challenging. Because of the shorter time that mothers spend in hospital, community midwives now have an increased workload when they visit new mums in their homes.



Nelly Hampel
RHH Maternity Unit

A very big problem is the lack of continuity of care – for the patients as well as the midwives. A lot of women will choose maternity based care like the KYM (Know Your Midwife) scheme, so that they can get to know their midwife and get continuity of care during their pregnancy, birth and the post natal period - but these programs don't always work as well as they should.



Jessica Halliday
RHH Maternity Unit

The growing rate of obesity in Australia is causing problems for midwives from a manual handling and anaesthetic perspective. This is also placing women at a higher risk of conditions such as gestational diabetes. Women are now also tending towards having bigger babies, which can cause problems during labour and delivery.



Amy Glynn
RHH Maternity Unit

A challenge as a midwifery student is coming from a nursing environment where I was comfortable and had developed skills, to a new environment where I feel a bit like a fish out of water. I am trying to juggle life, study and full time work. It is nice to look after well women but at the same time I don't always feel like you have enough time to give them the care and attention that they need. This is a challenge for all midwives.



Anne Riddell
RHH Maternity Unit

I am concerned about the increasing acuity of women having babies. The time that midwives spend with mothers on education is extremely important. As a birth centre midwife, it is a really good time to catch people and give them education. We need to build up a rapport with patients so they can put trust in what we are saying. Having continuity of care for women is also important from a safety aspect.

Continuous Professional Development (CPD) Standard - National Registration

Frequently asked questions

1) What is meant by the 'CPD standard' ?

The CPD standard is one of the 5 compulsory Nursing and Midwifery Board of Australia (NMBA) standards, under National Registration. Practising nurses and midwives must meet the requirements of all the standards to be registered.

2) What counts as CPD?

To qualify as relevant self directed CPD, the learning activity should improve or enhance the outcome of your professional practice. The standard requires the nurse/midwife to:

- i) Identify and prioritise learning needs, against competencies and professional practice standards.
- ii) Develop a learning plan based on the identified needs.

- iii) Participate in effective, relevant learning activities that will enhance their practice.
- iv) Reflect on the value/effect of the activity on their practice.

Mandatory training activities such as CPR training, fire training and manual handling activities that are likely to lead to a change in practice, also count toward CPD.

3) Do I need to keep evidence of my CPD?

Every nurse and midwife is required to keep a documented record of their CPD for 3 years, in case you are audited by the NMBA.

This documented record should include:

- i) Dates when the CPD activity was undertaken.
- ii) A description of the CPD activity.
- iii) The number of hours spent on the CPD activity.

- iv) Statements about the value/ effect the CPD activity will have on their practice.

4) If I am a registered nurse and a registered midwife, how many CPD hours am I required to do?

To meet the CPD standard you will be required to undertake 20 hours of midwifery CPD and 20 hours of nursing CPD. However, some CPD activities can be counted as relevant across both areas of practice and should be recorded as such. Mandatory training would be one such activity. Another professional development activity that could be counted as relevant across both areas of practice would be education on aspects of how to care for a client following a caesarean delivery.

For further information please visit www.nursingmidwiferyboard.gov.au or phone AHPRA 1300 419 495. ■



YOUR ANF ONLINE PROFESSIONAL PORTFOLIO

The ANF Continuing Professional Education (CPE) Online Professional Portfolio is an easy way to record your professional portfolio of CPD hours.

Access CPE Online by clicking on the logo pictured on the ANF website www.anftas.org

Login to the ANF members area and select Tasmania.

You can complete online tutorials here as part of your professional portfolio as well as record other education.

TO RECORD YOUR CPD ACTIVITIES

1. Under the heading "YOUR CPE RECORD" select "ADD A NEW ENTRY" to record education
2. Enter the relevant information
3. OPTIONS – "RETURN TO MAIN MENU"/ "PRINT"
4. To review either "VIEW" or "PRINT"
5. Update your professional portfolio as often as you wish

ANF Member Satisfaction Survey Results

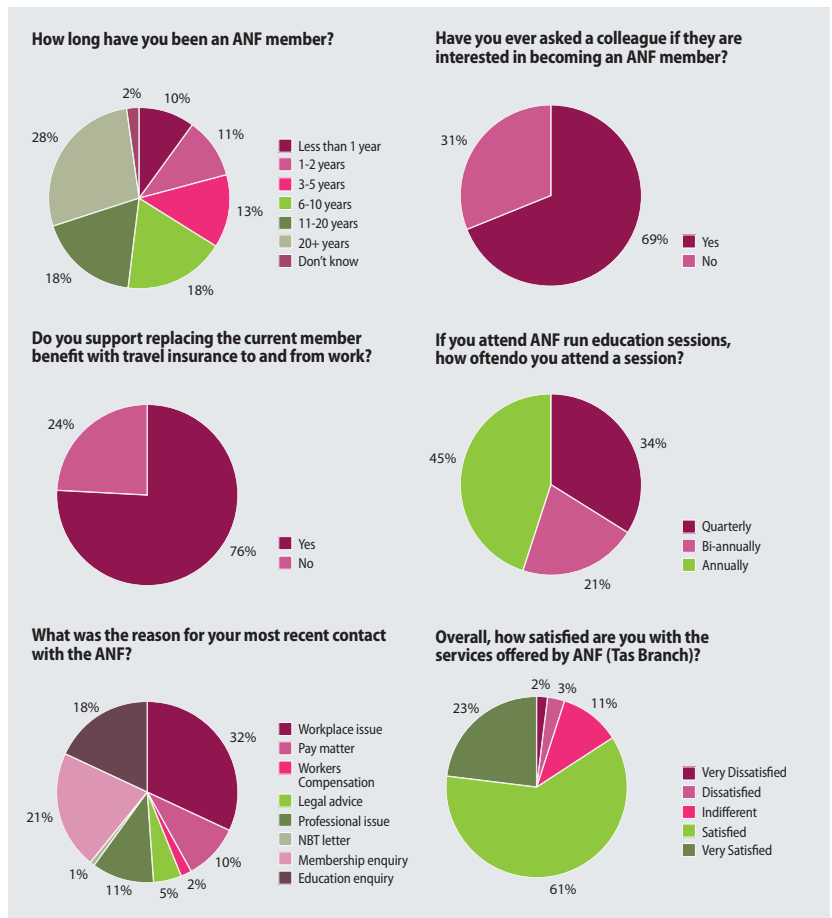
IN JUNE 2010 ANF SURVEYED OUR MEMBERSHIP WITH 14% OF MEMBERS RESPONDING - A RESPONSE RATE WHICH IS QUITE GOOD.

84% of respondents reported they were either satisfied or very satisfied with ANF services while a further 11% provided a neutral response to the question. The neutral response may mean no need to actively contact ANF during the past year. 34% commenced membership within the last 1-5 years.

Research has consistently demonstrated that people will often consider joining a union if asked to do so by a colleague. It was therefore fantastic to see that 69% of members reported that they had asked a colleague to consider joining ANF. Congratulations to those who encourage colleagues to join!!

Half of the members who had contacted ANF did so with a workplace issue or to obtain information about educational sessions. Pay enquiries accounted for 10% of calls, while professional issues and questions about legal advice totalled 16%.

The majority reported satisfaction with ANF communication with 71% expressing an interest in regional e-newsletters. 34% of respondents had attended educational sessions on a quarterly basis, 21% biannually and the remaining did so annually. Given the new legislative requirement to demonstrate 20 hours of continuing, relevant, professional development (CPD) when seeking to maintain registration or enrolment as a nurse, ANF will be adding to the



professional development calendar in the future.

A majority (76%) of respondents indicated they would be interested in foregoing the Frequent Values incentive program in exchange for insurance cover during the trip to and from work. ANF has sought further advice on this

and is pleased to announce we are now offering Journey Insurance to qualifying members. Full details on Journey Insurance can be found below.

Thank you to our members who took the time to provide us with feedback so that we can continually improve our services. ■

JOURNEY INSURANCE COVER

ANF is pleased to announce Journey Insurance Cover for Members*

JOURNEY INJURY INSURANCE: ANF Tas Branch's Journey Injury Insurance Policy provides cover for members injured while travelling to or from their place of work who are not entitled to benefits from the MAIB. WorkCover does not provide cover while travelling to and from work.

The ANF Journey Injury Insurance policy provides:

- Payment after the fifth day of injury and up to two years
- Payment so that income does not fall below 80% of pre-injury income (capped at a maximum of \$1000 per week)
- In the event of accidental death or permanent, total disablement of a member, a benefit of \$50,000 is payable.

In order to access this insurance you must:

1. Be a financial member of the ANF (Tas Branch) at the time of the incident for which you are wishing to access the insurance.
2. Complete a Journey Injury Insurance claim form (available from Marshall Insurance Brokers).
3. Provide a copy of your group certificate for the financial year before your injury.

Contact

Andrew Marshall, Marshall Insurance Brokers
532-534 Elizabeth Street Melbourne, 3000

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* Excludes Non Working Students and Associate Members

SWOT

STUDENTS WORKING ON TOMORROW



Jan Ponting presenting Scott Kearney with the ANF sponsored award

NWRH nurse tops the State in university studies

NORTH WEST REGIONAL HOSPITAL OPERATING THEATRE NURSE SCOTT KEARNEY HAS BEEN NAMED TASMANIA'S TOP NURSING GRADUATE, RECEIVING THE ANF SPONSORED MOST OUTSTANDING GRADUAND IN THE UTAS BACHELOR OF NURSING AWARD.

Scott completed a fast-tracked Bachelor of Nursing degree at the University of Tasmania's Launceston campus last year. This award is given to the student who receives the highest overall marks during their degree, including performance during clinical placements.

Scott has been working at NWRH as an operating theatre nurse since February this year. A special afternoon tea was held at NWRH to congratulate him on his award.

"The award has been a big surprise - I wasn't expecting it at all," he said. "I had worked really hard in my studies, and I was just really happy to get some good marks back."

Jan Ponting (ANF Rep, NWRH Burnie) presented Scott with a certificate and a cheque for \$250 from the ANF at the afternoon tea.

North West Area Health Service Executive Director of Nursing Karen Linegar said the aim of the NWAHS graduate program is to offer opportunities for graduates to work in their chosen area, in a highly supportive environment.

Scott says he was drawn to nursing after completing a science degree in Queensland.

"I love science, so I was drawn to the technical side of nursing, especially nursing in an operating theatre because it fascinates me," he said.

"I also love caring for people - that's essential if you want to be a nurse."

Congratulations to Scott from the ANF. ■



Clare Andersen

Clare Andersen - 2nd Prize in HESTA/ANF Student Member Awards

MY AWARD WAS A WONDERFUL BOOST OF ENCOURAGEMENT AND WILL BE WISELY UTILISED. THANK YOU TO HESTA/ANF.

I have five months left of my full-time Diploma of Enrolled Nursing and have been kept busy completing the assessment criteria. I often suffer from information overload, finding it difficult to verbalise my knowledge: however with the curriculum's placement opportunities, I can see it coming together which motivates me in my studies. This accumulation of knowledge needs re-enforcing through clinical practice which is why diverse placements are beneficial.

The tutors at Polytechnic have a hectic schedule and attempt to provide flexibility for students in need of practice hours, to gain confidence in clinical procedures required in the practice setting. Constructive feedback and the opportunity to work on improving one's clinical skills are important in working towards competency.

My peers and I will undertake a five week placement in an acute care area. I intend to absorb and fully participate in this placement as a positive experience, giving me an insight into my career direction. It is acknowledged that any achievement can only be with the valuable patience and expertise of the nurse preceptors who guide us. They perform a vital role in facilitating student skills and promoting effective team work.

Doing the course has required a lifestyle balance of reflection and time-out with family and colleagues. This helps me to re-energise and maintain focus on the ultimate goal of becoming an Enrolled Nurse dedicated to advocacy and support of people. ■

Clare Andersen Student Enrolled Nurse, Tasmanian Polytechnic

Seniors Week Celebrations

SENIORS WEEK IN TASMANIA IS PLANNED FOR THE FIRST WEEK IN OCTOBER. LAST YEAR AS A CELEBRATION OF OUR MORE MATURE AGED MEMBERS, WE HELD A MORNING TEA IN HOBART.

The event provided the opportunity for people to reminisce about the "Good Old Days" and to discuss how things have changed over the years - some things for the better, and how some things don't seem to change.

ANF firmly believes that nurses need to celebrate our profession, the years of dedication that many of our members have shown to the nursing profession and the ongoing commitment of nurses to the provision of the best outcomes and quality care to all areas of health.

As a result of the success of the Hobart event last year ANF is extending the event to a celebration in each region during Seniors Week (October 1-7).

Invitations will be sent out to eligible members in early September and we'll be looking forward to celebrating with you. ■



ANF Celebrating long term contributions to nursing during Seniors Week in 2009

Private Sector EBA Updates

Aged Care Sector

Agreements in the Aged sector that are being finalised or log of claims being developed for nurses and care staff is occurring at Emmerton Park Inc., Smithton, IBIS Care, Wynyard, Mt St Vincent Nursing Home and Therapy Centre, Ulverstone.

Calvary Health Care Tasmania

Northern Campus (St Lukes & St Vincents)

Letter with relevant bargaining documents has been sent to the CEO Grant Musgrave on 30/7/10 to commence bargaining.

Southern Campus (Lenah Valley & St Johns)

Ballot for Nurses Agreement 2010 was conducted by Australian Electoral Commission (AEC) and was counted on 30/7/10. Majority of nurses who voted accepted the new agreement.

Erin Smallbon (ANF Organiser) will be visiting all wards to discuss progressing the committee for workloads management.

Healthscope

Negotiation outcomes are being finalised. Some of the outcomes are wage increases offered of 9.25% during the agreement; there will be specific outcomes for Nurse Managers. LSL entitlements will be 13 weeks at 10 years which will include shift penalties but not any other allowances or overtime.

South Eastern Community Care

ANF met with Management on 3/8/10. ANF Workplace Representative Leona Smith was present at the initial meeting. Management tabled their request for changes to be considered. ANF will be drafting a document of the agreement incorporating changes as required by Fair Work Act 2009 and National Employment Standards (NES).

Eye Hospital

The Eye Hospital Agreement expired on 30/7/10. ANF will be meeting with members to develop a Log of Claims.

To find out more about your agreement please visit www.anftas.org. EBA updates are current at the time of printing. ■

because
we care

Quality care for older Australians

Aged Care

ANF is in the process of planning an Aged Care Special Interest Group (ACSIG) Conference for early next year. To assist our planning, ANF is requesting feedback from members working in Aged Care on specific topics that you would be interested in seeing as part of the program. Please contact the ANF office with your suggestions. ■

ADS NA/SCRACA/GENCA State Conference

ANF was proud to be involved in the State Conference for the Australian Day Surgery Nurses Association, Sterilisation Research Advisory Council

of Australia and the Gastroenterological Nursing College of Australia. ANF was represented by President, Julie Driver and ANF Organiser, Ken Harris. ■



ANF President Julie Driver



Agnes Stanislaus-Large presenting T-Shirts to East Timorese locals

ANF visits East Timor

ANF was proud to donate T-shirts from our last EBA campaign to the East Timor Nurses Association. Agnes Stanislaus-Large visited East Timor recently as part of her role assisting the nurses association and presented the T-shirts on behalf of ANF. ■

ANF Workplace Representative Biennial Elections

ACCORDING TO THE ANF FEDERAL RULE 75.3, BIENNIAL WORKPLACE REPRESENTATIVE ELECTIONS WILL BE COMMENCING IN SEPTEMBER 2010.


Please contact the ANF office should you not wish to renominate for your workplace rep position. ■



Newly Elected Reps


- Chelsea Francis – 4K, LGH
- Angela Ivers – Aldersgate
- Jim Ivers – George Town Hospital
- Jon Fisher – 5A, LGH
- Debbie Miller – 4D, LGH
- Donna Fry – WACS 40/4B, LGH
- Stacey Husband – 5A, LGH

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COMPUTER TRAINING

BASIC COMPUTING FOR NURSES

A complete beginner's course that consists of 5 sessions and a certificate of attendance for 12.5 hours that will be awarded at the completion of all the sessions. The course encompasses the following:

Session 1: Basic computer skills

Commonly used hardware, software and basic programs.

Session 2: Windows Explorer and File Systems

Hands-on and practical understanding of Windows Explorer.

Session 3: Beginning surfing on the Internet

Various browsers, practical search strategies, pitfalls etc.

Session 4: Introduction to Emails

Various application programs; organising your mailbox; working with attachments.

Session 5: Introduction to Word processing

Special features and shortcuts of Microsoft Word 2010.

A complementary* and voluntary Q&A session will be planned approximately 4-6 weeks after session 5 to answer any queries you might have concerning the material covered.

*Q&A session is complementary ONLY if all 5 sessions are completed.



VENUE & COST

Presenter:

Earl (Marty) Martin - RN

Venue:

ANF Office, 182 Macquarie Street
Hobart TAS 7000

Cost:

5 session package for \$150 (members only)*

*Particular care must be observed when enrolling in that if you inadvertently miss a session, a subsequent catch up might be many weeks away. Courses will run dependent on a minimum number of registrations.

For registrations or more information please contact the ANF Office on 6223 6777, 1800 001 241 (outside Hobart area) or educationassist@anftas.org.

Professional Development

MULTIPLE SCLEROSIS

Supporting clients with MS – symptom control and management.

Sessions for Nurses and Midwives

Devonport

Wednesday 1 September, 4:00pm – 6:00pm

Presenter: MS Society

AGED CARE

Aged care assessment and management.

Sessions for Nurses and Care Workers

Hobart – *Geriatric syndromes – including falls, gait disorders and loss of functional independence.*

Thursday 14 October, 6:00pm – 8:00pm

Presenter: Hazel Ryan – NP, Jane Davis – NP,
Rose Hetherington – Physiotherapist

PAEDIATRICS

Recognising the deteriorating paediatric patient. The differences between caring for sick children and adults.

Sessions for Nurses, Midwives and Care Workers

Hobart

Tuesday 21 September, 6:00pm – 8:00pm

Presenter: Trudi Steedman – RN,
Andrea Plummer – RN

RELAXATION & STRESS MANAGEMENT

Balancing life – relaxation and stress management in a crazy world.

Sessions for Nurses, Midwives and Care Workers

Hobart

Thursday 30 September, 6:00pm – 8:00pm

Presenter: Karen Mace – RN

Launceston

Thursday 23 September, 6:00pm – 8:00pm

Presenter: Karen Mace – RN

FOOT CARE & MANAGEMENT

Working with the high risk foot – assessment and management.

Sessions for Nurses and Midwives

Launceston

Thursday 21 October, 6:00pm – 8:00pm

Presenter: Joe Rogers – Podiatrist

Sessions for Care Workers

Launceston

Thursday 14 October, 6:00pm – 8:00pm

Presenter: Joe Rogers – Podiatrist

DIABETES

Updates in management and care of the diabetic client.

Sessions for Nurses and Midwives

Hobart

Tuesday 28 September

Presenter: Caroline van Riet – CDE

Launceston

Wednesday 20 October, 5:00pm – 7:00pm

Presenter: Fiona Swinton – CDE

Burnie

Tuesday 19 October, 5:30pm – 7:30pm

Presenter: Maria Smith – CDE

Sessions for Care Workers

Launceston

Wednesday 6 October, 5:00pm – 7:00pm

Presenter: Fiona Swinton – CDE

Burnie

Tuesday 12 October, 5:30pm – 7:30pm

Presenter: Anne Acheson – CDE

PROFESSIONAL & ETHICAL ISSUES

Sessions for Nurses, Midwives and Care Workers

Launceston – *Supervising nursing students' clinical placement – the do's and don'ts of supervision.*

Thursday 30 September, 4:30pm – 6:30pm

Presenter: Sarah Chong – BN UTAS

Training locations

Hobart, Launceston, Devonport, Burnie

Due to increasing attendance numbers at ANF education sessions, venues will be confirmed closer to the event.

Cost - 2 hour sessions

\$25 ANF Members

\$15 ANF Student Members

\$50 Non Members*

\$30 Student Non Members*

*If positions available

For registrations or more information please contact the ANF Office on 6223 6777, 1800 001 241 (outside Hobart area) or educationassist@anftas.org



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AUSTRALIAN NURSING FEDERATION (Tas Branch)

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